

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/51,31

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51	51	51	51	51	51	51
2		1		1			52						
3		8					53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		1					60						
11							61						
12	1	1	1	1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		2		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓							
TOTAL DEP.	20	←	18	←		←							
TOTAL CLAIMS	22		20										